

Central Valley PTA

Debit Card Form

A receipt and/or detailed invoice must be submitted with this form

Name: _____ Date: _____

Amount Charged: _____ Date of Purchase: _____

Name of Vendor: _____

Budget Line: _____ Explanation of Items

Purchased: _____

Any and all debit card purchases must have the approval of the Treasurer, President, and Vice President:

Treasurer's Signature

President's Signature

Vice President's Signature

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For Treasurer's Use Only

Date form and receipt were submitted: _____

**Please submit with receipts and/or detailed invoice to the PTA Treasurer:
Gabriella Karl
412-537-8409 or gabby.karl.cpvta@gmail.com**